

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

**FILED**

SEP 04 2013

Patricia A. Cox  
Plaintiff

DAVID CREWS, CLERK  
By [Signature]  
Deputy

v.

CASE NO. 3:13CV226-A-V

Desoto County Jail of Hernando and  
Defendant State of Mississippi

## PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Patricia A. Cox

B. Name under which sentenced:

Patricia A. Cox

C. Inmate identification number:

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

~~Patricia~~ 3573 Vernon Ave  
Memphis, TN, 38122

E. Place of confinement:

Desoto County Jail of Hernando  
Ms.

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Medical Staff and

Title (Superintendent, Sheriff, etc.):

Police officers on  
duty @ the time.

Defendant's mailing address (street or post office box number, city, state, ZIP)

Sgt. Ferguson White

female. Big Woman + Brandon, Sheri,  
Walter + Old Lady (new worker  
name was and is Patricia

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 2

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

5ft. woman blonde blonde.  
a tall officer I called  
her blonde. Desoto County  
Jail of Hernando, Ms.

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

Police officers + Medical Staff  
Desoto County Jail of  
Hernando, Ms.

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No
4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s):

Defendant(s):

B. Court:

C. Docket No.:

D. Judge's Name:

E. Date suit filed:

F. Date decided:

G. Result (affirmed, reversed, etc.):

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system **the same facts and issues** you allege in this complaint? (See question 9, below). ☐ Yes ☒ No

7. If you checked "Yes" in Question 6, answer the following questions:

☐ No *Verbally with Mr. Rice*  
☒ No

A. Does the grievance system place a limit on the time within which a grievance must be presented?

☐

Yes

☐

No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☐

Yes

☐

No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

*Complained to everyone there.  
That I was allowed to speak to.*

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

*I just now got my self in good enough  
health sense my incident to be  
trully able to make a complaint.*

**Special Note:** Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

I feared for my life. I wasn't allowed to see a DR. at which I had money to pay for on my books I almost lost my life because Brandon didn't believe I had breathing problems —

9. Write below, as briefly as possible, the **facts** of your case. Describe how **each** Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

There is just so much corruption, neglect + abuse along with so many involved that there's not enough space or time @ this moment to write it all. I have many days ago. Aug. 29-30 2013 briefly wrote about this incident. It's much more severe than the Brief Statement I have written. I almost lost my life do to this ~~corruption~~ corruption. Oh my — !!!

10. State **briefly** exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

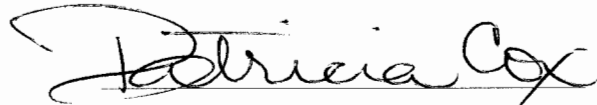
I want honest Justice to  
be done by the law of  
our land.

This Complaint was executed at (location): \_\_\_\_\_

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date:

9-4-2013



Plaintiff's Signature

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

Patricia A. Cox  
Plaintiff(s)

v.

CIVIL ACTION NO. \_\_\_\_\_

Desoto County Jail of Hernando and  
Defendant(s) State of Mississippi

COMPLAINT

1. This civil action is commenced by Patricia A. Cox, Plaintiff, under the following statutory law (place a check mark in the appropriate box):

- ☒ Title VII of the Civil Rights Act of 1964, 42 USC §§ 2000e et seq., for employment discrimination on the basis of race, color, sex (gender, pregnancy, and sexual harassment), religion, or national origin.
- ☐ The Age Discrimination in Employment Act [ADEA], 29 USC §§ 621 et seq.
- ☒ The Americans With Disabilities Act [ADA], 42 USC §§ 12102 et seq.
- ☐ The Equal Pay Act [EPA], 29 USC § 206(d).
- ☐ The Rehabilitation Act of 1973, 29 USC §§ 791 et seq. (Applicable to federal employees only).

2. Plaintiff's address is 3573 Vernon Ave. Memphis, TN 38122  
(Street or P.O. Box) (City) (State) (ZIP)

3. Defendant's address is 311 West South St. Hernando, Ms 38632  
(Street or P.O. Box) (City) (State) (ZIP)

4.A. Plaintiff (check one) —

☐ sought employment from the Defendant  
or,

☐ was employed by Defendant at \_\_\_\_\_  
(City and State)

witness Juanita Shellen  
I need more paperwork to file this lawsuit. Paper work that I recieved doesn't relate to my incident. I need proper paper work to go with this.

8-29-2013 ①

To whom it may concern: ~~██████████~~  
I, Patricia A. Cox have  
now twice requested  
information with the  
Desoto County Jail of Hernando  
Ms. Mr. Rice is aware that  
I am trying to file charges  
for medical neglect and  
abuse. I was neglected  
and abused by medical  
staff, Brandon, Walter,  
Sheris, Little Ole Lady + a  
girl named Patricia. I  
believe Patricia hadn't  
been work for a very  
long time. Since this  
incident happened I  
have been fighting for  
my life daily. I'm  
suing for medical ~~second~~ <sup>bills</sup>  
then and now, pain and  
suffering for then <sup>and</sup> now.  
I'm requesting proper paper  
work so that this matter  
can be attended to properly.

⑤

I also want to press criminal charges against medical staff at Desoto County Jail along with officers that abused me ....

I was arrested ~~Aug~~ Aug. 31, 2010 I requested to see a Dr. every morning I was allowed to fill out a request form and never saw anyone other than Brandon + other medical staff. Because Brandon didn't believe that I had a breathing problem he had me locked up for a medical watch which ~~2010~~ start the 9th of Sept. ~~2010~~

I was then given unimagnable stuff happened I was made to take felt like bronchial pneumonia puss like green slime build up in my lungs and I have asma + COPD. never given any anti-

③

biotic + was strapped  
in a gurney chair for  
many hrs. were at that  
time my legs, hips + feet  
still tingle from the strape  
around my hip was so tight,  
I remember losing con

trol. Hurt so bad that  
I couldn't stand on my legs.  
I was beaten + then frozen  
~~down~~ I was told the  
police were going to help  
me and that's when Sgt.  
Sugison along with others  
took me to population and  
striped me from my clothes  
I was so sick I couldn't  
pick my own weight up.  
A inmate named Jamie  
Chelme. Jamie washed  
me all over. She helped  
me. That chair was used  
to transport me from my  
cell to the women's population  
shower which I received 2

④

Showers the whole  
 time I was locked up  
 in that cell from Sept. 9-  
 11, 2010. After I was  
 beat and damn near frozen  
 I then had experienced  
 chest pain. My blood  
 pressure was up. It was  
 high the whole time I  
 was there and Brendon  
 called himself taken my  
 blood pressure then a  
 wall using a breathing  
 technique. Crazy made me  
 go so long with out treat  
 ment I felt death so it's  
 not oh my I don't know  
 what to say except every  
 thing I have written is  
 the truth. When  
 I went to court the judge  
 never called me out of  
 the holding cell. He  
 gave me time served. NO  
 FINES. NO COURT COST

⑤

I never signed a release  
 form. ~~It was~~ It was ~~hand~~  
 handed to me by the  
 officer that drove us  
 to court. At that time  
 I was bald on top of my  
 head. I had full fist  
 print on my body + legs.  
 Angela is a witness to  
 this here and Mary.  
 First two people to  
 take care of me in the  
 hospital. Angela told me  
 at that time she would  
 testify in my behave.  
 Tell the courts in  
 what she saw and what  
 happened then. This is  
 very stressful for me  
 I recall this ~~chapter~~  
 chapter of my life  
 please I need a break.  
 Like I said I'm awaiting  
 more information myself.  
 Thank you,  
 Patricia A. Cox

It cost <sup>me</sup> \$10 to see a Dr. & I couldn't. I have witnesses that called me an ambulance after I had collapsed ~~and~~ after I crossed the street that was in front of their ~~bank~~ company, Williams Bond Company. I employees still recall this incident.

I have medical proof  
as well. Awaiting more  
of that. I pray if there  
is more I may add later.  
I received three  
breathing treatments  
the whole of the  
week with  
yours truly  
Patricia A. Coy

Do you have or have you previously had:	YES	NO
Infection of the brain or spinal cord, such as meningitis or encephalitis		
A disorder of the eyes, ears, nose or throat		
Frequent dizziness, headaches, seizures, convulsions, paralysis or stroke		
Persistent coughing, bronchitis, asthma, emphysema, tuberculosis, or other disorder of the lungs	COPD	
Chest pain, high blood pressure, rheumatic fever, murmur, heart attack, or other disorders of the heart		
Intestinal bleeding, ulcer, hernia, colitis, disorder of the stomach, intestines, liver or gallbladder		
Disorder of the kidney, bladder, prostate or reproductive system		
Diabetes, thyroid, or other endocrine disorders		
Arthritis or other disorders of the muscles, bones, joints spine or back	DJD	
Absence or amputation of any body part		
Loss of use of arms, legs, or other body parts		
A tumor, cancer or disorder of the blood (HIV, Hepatitis, Sexually Transmitted Disease)	HepC+	
Any history of head trauma		
Are you sexually active		
Are you pregnant, If so how far along		
Do you exercise regularly		

If "YES" to any of the above, or any other medical treatment, please document:

### REFERRAL FOR TUBERCULOSIS TEST

I have been counseled on the importance of getting a TB test. I understand that I may go to the Health Department, my Primary Care Provider, or any other medical provider who is authorized to test for TB

*Patricia Cox*

Client Signature

Date

9.21.10

*Senja Johnson, RN*

RN Signature

Date

9.21.10

Nurse to Nurse Report called:

Date

9/22/10

Time

0010

Facility

Colleen

RN

*Wendell Johnson RN*

SOUTHEAST MENTAL HEALTH CENTER  
MEDICAL HISTORY SELF-REPORT

Client Name Cox, Patricia Chart# \_\_\_\_\_  
Date 9.21.10 Time 16:01 DOB 4.2.58 Age 52 Sex F Race W  
Height 5'4 1/2 Weight 116 B/P 110/79 P 99 R 18  
Temp 97.4 BAL \_\_\_\_\_ Accucheck \_\_\_\_\_ RN: Sonya Johnson

Physician: \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

ALLERGIES	REACTION
<u>Elavil</u>	
<u>Neurontin</u>	

Medication	Dose	Frequency	Reason	MD	Date of RX	Taken last 30 days
<u>"What they give me"</u>						
<u>Morphine</u>						

Family Medical History

	Y	N		Y	N
Recent behavior that is a threat to self or others		<input checked="" type="checkbox"/>	No deterrents to stop client from at risk behavior		<input checked="" type="checkbox"/>
Prior attempts (suicide/homicide/assault/self-injury)	Unknown		History of physical/sexual abuse	<input checked="" type="checkbox"/>	
Thought/behavior influenced by psychosis	<input checked="" type="checkbox"/>		Family history of violence	Unknown	
Potential for elopement	Unknown		Family history of mental illness	<input checked="" type="checkbox"/>	
Persistent thought of hurting self/others	Unknown		Family history of suicide/homicide	<input checked="" type="checkbox"/>	
Single/widowed/divorced/separated	<input checked="" type="checkbox"/>		Family history of substance abuse	<input checked="" type="checkbox"/>	

**Summary of Assessment:**

PT is a 57yo WF seen in UC at The Med. PT speaks repeatedly of the FBI and her relationship to them. PT talks constantly of religion and then changes it to her political stance. Then, she goes into a

Safety Plan: n/A

Level of Care:

Security

Justification:

PT needs TP care due to her psychosis

Authorization (name and #):

BlueCar

Disposition Facility:

CBH

Special Arrangements:

Transport

Follow-up Plan:

To be established by TP facility...

Paperwork Checklist	Yes	N/A		Yes	No	N/A
Release of Information (CMHC)		<input checked="" type="checkbox"/>	CM Involved in Admission			<input checked="" type="checkbox"/>
Release of Information (Disposition Facility)		<input checked="" type="checkbox"/>	CM Involved in Diversion			<input checked="" type="checkbox"/>
Follow-up		<input checked="" type="checkbox"/>	Refused Referral (Disposition)			<input checked="" type="checkbox"/>
Total Time of Consumer Contact	30		No Need For Follow-up Referral			<input checked="" type="checkbox"/>
Total Indirect Time of Consumer	60					

**Transportation Safety Assessment:**

☐ Consumer is safe to transport by Crisis Assessment Center staff and has been determined to not be at risk for violence or elopement if transported in this manner.

☒ Consumer is not safe to transport by Crisis Assessment Center staff due to:

- ☒ Risk of violence toward staff and/or others
- ☒ Risk of elopement

Staff Name (Print):

Tracey Russell

Staff Signature/Date:

Tracey Russell  
initials  
9/24/13

Patient Name:

Patricia Cox

2010-01-28

mmi - cry/shout / hyperverbal communication (over)

# CRISIS DISPOSITION FORM

135 North Pauline  
Memphis, TN 38104  
Phone 901-577-9400

Client Name: Patricia Cox  
Address: Homeless  
City: Memphis State: TN  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insurance: Blue Care  
DOB: 4/20/58 4/02/58  
SS#: 413 965082  
Type of Contact: Routine Urgent Emergent Life-Threatening Emergent Non-Life Threatening

Time of call: 12:59 p.m.  
Location of client: Med UC 4 #1  
Time of arrival: 2:13 pm  
CMHC/MD: \_\_\_\_\_  
Case Manager: \_\_\_\_\_  
MD on-call: \_\_\_\_\_  
Face-to-face: Yes/ T.R.

## PRESENTING PROBLEM:

PT was referred to Mobile Crisis by  
The Med Unit to psychosis; being willing to be  
assessed; hyperverbal; and (-) A/D issues.

PT was cooperative off/on...

MENTAL STATUS: (Check YES if there is a problem; check NO if there are no other problems in this area.)

	Yes	No		Yes	No		Yes	No
Orientation: Time			Mute			Suicidal/Homicidal		
Orientation: Place			Auditory hallucinations			Danger to Self		
Orientation: Person			Visual hallucinations			Danger to Others		
<u>Agitated/Anxious</u>	<input checked="" type="checkbox"/>		Tactile hallucinations			Insight		<input checked="" type="checkbox"/>
Angry/Hostile			Delusions/Paranoid			Memory: Remote		
Confused			Delusions/Grandiose			Memory: Recent		
Ambivalent			Flight of Ideas	<input checked="" type="checkbox"/>		Preoccupation/Obsession		
<u>Depressed</u> <u>long time</u> <u>once arrested</u>	<input checked="" type="checkbox"/>		Loose Associations	<input checked="" type="checkbox"/>		<u>Cooperative</u> <u>had to be redirected</u>		<input checked="" type="checkbox"/>
Elevated Mood			Poverty of Thought	<input checked="" type="checkbox"/>		Sleep		
Appetite			Fearful/Guarded			Impulse Control		
Speech <u>(no breathal pneumonia)</u>	<input checked="" type="checkbox"/>		Psychomotor Retardation			Poor Judgment		
Affect <u>up &amp; down</u>	<input checked="" type="checkbox"/>		Attention			Concentration		

Explain any "Yes" answers:

Tracey E Russell  
Print Name

Tracey E Russell  
Staff Signature/Credentialed

9/26/10  
Date

Schizoaffective Disorder 295.70  
 M Psychotic Disorder  
 Anxiety Disorder or  
 deferred  
 Radiation poisoning; Cancer-free  
 Housing; Economic, PSB; Access to healthcare  
 35 45 20  
 Current Highest Lowest

## MEDICAL HISTORY:

No significant medical issues

Medication Allergies:

Current/Previous Medical/Surgical Conditions:

Alkuronin; Elavil  
 Radiation poisoning / Cancer-free 12 years

## PSYCHIATRIC HISTORY:

Provider Name	Date of Service	Type of Service
MUTHI	?	IP

## MEDICATION INFORMATION:

Medication	Dosage	Frequency	Date	Physician	Type	Compliant (Y/N)
pt denies						

Description of Environment:

Med UC 4 #1

Family/Support System:

mother-in-law + niece

Community Resources used by Consumer:

none at present

Legal Issues:

pt denies. Paraphernalia

Alcohol/Drug Use:

YES

NO

CIWA:

Date:

Primary Drug:

Marijuana

Last use:

9/20/10

Amount:

2 puffs

Secondary:

Last Use:

Amount:

Patient Name:

Patricia Cox

jr 287922 DT: 09/23/2010 16:45  
DD: 09/20/2010 08:56

BAPTIST MEMORIAL HOSPITAL DESOTO  
SOUTHAVEN, MISSISSIPPI

PATIENT

NAME: COX, PATRICIA A

ACCT#: D 1025911000

DISCHARGE SUMMARY

Dictated by: EDWARD I. GBEMUDU, M.D.

Physician: EDWARD I. GBEMUDU, M.D.

ROOM#: 625

UNIT#: 0000432526

DATE OF ADMISSION: 09/17/2010 DATE OF DISCHARGE: 09/20/2010

FINAL DIAGNOSES:

1. Atypical chest pain, likely due to gastroesophageal reflux disease.
2. Psychosis.

OPERATIONS AND PROCEDURES while in the hospital: Thallium stress test.

CONSULTATIONS: Cardiology and psychiatry.

CONDITION ON DISCHARGE: Stable.

PERTINENT PHYSICAL FINDINGS on discharge: Blood pressure 131/90, pulse 70, temperature 98.1, respirations 18. Lungs clinically clear. Cardiovascular system: First and second heart sounds are heard and they are regular. Abdomen is soft. No tenderness or palpable mass. Bowel sounds are present. Extremities: No leg or ankle edema. Central nervous system: She is awake and alert, able to follow instructions.

PERTINENT LAB FINDINGS on discharge: Complete blood count and electrolytes normal. Fasting lipid profile normal.

HOSPITAL COURSE AND TREATMENT: The patient is a 52-year-old white female admitted because of chest pain mainly located around the retrosternal area. She has history of psychosis. Serial cardiac enzymes revealed normal troponin and myoglobin. EKG was normal. Thallium stress test done revealed small mild reversible perfusion defect present in the inferior wall of the left ventricle, suggestive of stress-induced ischemia in the right coronary artery. Left ventricular ejection fraction was normal at 63%.

Cardiology was consulted. Patient after evaluation was not thought to have acute coronary syndrome. Medical management was suggested. Patient did not have any episode of chest pain throughout the hospital course. Omeprazole was started on admission and continued throughout the hospital course.

Patient was psychotic most of the time during the hospital course. Psychiatry was consulted and outpatient followup

recommended.

DISCHARGE INFORMATION AND INSTRUCTIONS: She is discharged home in a stable medical condition and has been instructed to take aspirin and prescribed metoprolol daily. She has also been instructed to take omeprazole daily.

DIET: Regular.

ACTIVITY: As tolerated.

DISCHARGE MEDICATIONS:

1. Omeprazole 20 mg daily.
2. Aspirin coated 81 mg daily.
3. Metoprolol 25 mg twice daily also prescribed.

FOLLOWUP: She will be followed up by the psychiatrist. Appointment made for patient to be followed up by the cardiologist as an outpatient.

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EDWARD I. GBEMUDU, M.D.

Authenticated by Edward Gbemudu, MD On 10/04/2010 05:32:27 PM

jr 287117 DT: 09/17/2010 19:32  
DD: 09/17/2010 19:06

BAPTIST MEMORIAL HOSPITAL DESOTO  
SOUTHAVEN, MISSISSIPPI

PATIENT

NAME: COX, PATRICIA A

ACCT#: D 1025911000

HISTORY AND PHYSICAL

DICTATED BY: EDWARD I. GBEMUDU, M.D.

PHYSICIAN: EDWARD I. GBEMUDU, M.D.

ROOM#: 625

UNIT#: 0000432526

DATE OF ADMISSION: 09/16/2010

CHIEF COMPLAINT: Chest pain for two days.

HISTORY OF PRESENTING ILLNESS: The patient is a 52-year-old white female with history of psychosis. She presented to the emergency room because of two-day history of chest pain. Pain reported to be located mainly around the midsternal area, associated with shortness of breath and diaphoresis. Associated nausea also reported. No dizziness.

PAST MEDICAL HISTORY: Chronic obstructive pulmonary disease, congestive heart failure, and bipolar disorder.

PAST SURGICAL HISTORY: Previous tonsillectomy, hysterectomy, and surgical removal of cancer from the cervix.

SOCIAL HISTORY: She is not married. She does not smoke cigarettes. Smokes marijuana.

MEDICATIONS: Lortab, Xanax and naproxen. Patient not sure of dose of medications.

ALLERGIES: AMITRIPTYLINE.

REVIEW OF SYSTEMS: Unable to obtain since patient is psychotic and unable to give proper review of system history.

ON EXAMINATION: Vitals on presentation: Blood pressure 130/89, pulse 88, respirations 16, temperature 97.9. Oxygen saturation on room air 98%.

HEENT: Pupils are 4 mm and they are reactive to light. Neck is supple. Head is atraumatic.

LUNGS: Clinically clear.

CARDIOVASCULAR SYSTEM: First and second heart sounds are heard and they are regular.

ABDOMEN: Soft. No tenderness or palpable mass. Bowel sounds are present.

EXTREMITIES: No leg or ankle edema.

CENTRAL NERVOUS SYSTEM: She is awake and alert though kind of confused and psychotic.

LABS: Serial cardiac enzymes reveal normal troponin and myoglobin. Complete blood count normal. Electrolytes normal.

Magnesium level borderline low at 1.7. EKG normal sinus rhythm,

78 beats per minute, essentially a normal EKG. Chest x-ray: Healed granulomatous lesion noted. Thallium stress test revealed small mild reversible perfusion defect present in the inferior wall of the left ventricle, compatible with stress-induced ischemia in the right coronary artery. Left ventricular ejection fraction of 63% noted.

ASSESSMENT AND PLAN:

1. Chest pain with abnormal thallium stress test.
2. Psychosis.

Patient is admitted for further cardiology management. Aspirin 325 mg daily already started will be continued. Nitroglycerine paste one inch to chest wall every 6 hours also already started will be continued. Intravenous morphine 4 mg will be given as needed for chest pain.

Intravenous Haldol 2 mg will be given as needed for psychotic behavior. Psychiatry will be consulted.

Cardiology consulted.

---

EDWARD I. GBEMUDU, M.D.

Authenticated by Edward Gbemudu, MD On 09/18/2010 03:38:26 PM



625-01 OVD D1025911000  
COX, PATRICIA A  
04/02/58 52Y MR:0000432526  
ADM:GBEMUDU, EDWARD I09/16/10



RAOH

NUCLEAR CARDIOLOGY  
PATIENT HISTORY

Name \_\_\_\_\_ ☐ Male ☒ Female Age 52 Ht 5'2" Wt 153.2 kg  
Bra Size 34C LMP Hust Stressing Cardiologist Missak Tech \_\_\_\_\_ Date/Time 9/17/10  
Any chance you are pregnant? No Are you breast feeding? No Are you allergic to latex? No

MEDS

1. Lortab 2. Cloardine 3. \_\_\_\_\_  
4. Xanax 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. Naproxen 8. \_\_\_\_\_ 9. \_\_\_\_\_

EKG REPORT

Date: 9/16/10 Normal Sinus Rhythm  
Normal ECG

SURGERIES

Heart ☐ Yes ☒ No If yes, \_\_\_\_\_  
Lungs ☐ Yes ☒ No If yes, \_\_\_\_\_  
Breast ☐ Yes ☒ No If yes, \_\_\_\_\_

MEDICAL HISTORY DM, COPD, CHP, Psychosis

Tobacco ☒ Yes ☐ No 1 ppd 35 yrs BNP \_\_\_\_\_ Date: \_\_\_\_\_  
MI ☐ Yes ☒ No Date \_\_\_\_\_ Myoglobin 28 Date: 9/16/10  
HTN ☒ Yes ☐ No Yrs Pt Unsure 3x Troponin 0.015 Date: 9/17/10  
Diabetes ☐ Yes ☒ No Yrs \_\_\_\_\_ Cholesterol \_\_\_\_\_  
PM ☐ Yes ☒ No Routine Exercise ☐ Yes ☒ No  
MVP ☐ Yes ☒ No If yes, what \_\_\_\_\_

PREVIOUS EXAMS

Echo ☐ Yes ☒ No Date \_\_\_\_\_ LVEF \_\_\_\_\_ % Report Attached ☐ Yes ☐ No  
T1-201 ☐ Yes ☒ No Date \_\_\_\_\_ Place \_\_\_\_\_ Report Attached ☐ Yes ☐ No  
Cath ☐ Yes ☒ No Date \_\_\_\_\_ Place \_\_\_\_\_ Report Attached ☐ Yes ☐ No  
Was patient told cath was normal ☐ Yes ☐ No

CLINICAL HISTORY

Reason for study CP

Chest pain ☒ Yes ☐ No Radiating ☒ Yes ☐ No If yes, \_\_\_\_\_  
Exertional ☐ Yes ☒ No Numbness ☒ Yes ☐ No  
Tingling ☒ Yes ☐ No Palpitations ☒ Yes ☐ No  
SOB ☒ Yes ☐ No Syncope ☐ Yes ☒ No  
Nausea ☒ Yes ☐ No Vomiting ☐ Yes ☒ No  
Asthma ☒ Yes ☐ No Fatigue ☒ Yes ☐ No  
Family history of heart disease ☐ Yes ☒ No If yes, who \_\_\_\_\_  
Comments \_\_\_\_\_

*\* Patient is poor historian \**



RADIOLOGY

NUCLEAR CARDIOLOGY PATIENT HISTORY

Form # 11-226.7 (08/07)

Original - Chart / Canary - Physician

▼ Addressograph / Patient Label ▼



625-01 OVD D1025911000  
COX, PATRICIA A  
04/02/58 52Y MR:0000432526  
ADM:GBEMUDU, EDWARD I09/16/10

am 287259 DT: 09/18/2010 14:24  
DD: 09/18/2010 09:25

BAPTIST MEMORIAL HOSPITAL DESOTO  
SOUTHAVEN, MISSISSIPPI

PATIENT  
NAME: COX, PATRICIA A  
ACCT#: D 1025911000  
CONSULTATION  
DICTATED BY: AMIT MALHOTRA, M.D.  
PHYSICIAN: AMIT MALHOTRA, M.D.  
ROOM#: 625  
UNIT#: 0000432526

REQUESTING PHYSICIAN

DATE OF CONSULTATION:

Dear Edward,

I thank you for letting Memphis Heart see this patient.

This is a 52-year-old, Caucasian lady who has been admitted with multiple medical problems including generalized body pain, headaches, and itching. She was also found to have inappropriate behavior and is undergoing psychiatric evaluation for psychotic behavior. History is difficult to obtain as I found the patient in a curled up position, crying for generalized body aches, asking for pain medications. Patient states she hurts all over. She is not entirely specific about any chest pain as such, especially on exertion. She says she is a cancer survivor, had cervical cancer with radiation treatment. This has led to constant body aches all over. She uses marijuana at home. She also has history of smoking but no other substance abuse. She has family history of heart disease with her mother having coronary artery disease. She does not complain of any specific episode of chest discomfort. No history of shortness of breath, no orthopnea or PND, no syncope, palpitations, or dizziness. She did have a stress thallium, however, which showed small reversible defect on the inferior wall. Left ventricular ejection fraction was normal.

A PAST MEDICAL HISTORY of possible CHF, COPD, and cancer as above.

SURGICAL HISTORY: Tonsillectomy, hysterectomy.

HOME MEDICATIONS included Lortab, Xanax, Naprosyn, and Clonidine.

FAMILY HISTORY: As above.

ALLERGIES TO ELAVIL.

In REVIEW OF SYSTEMS, it is difficult to get her to commit to any systemic complaint, but no history of fever, nausea, vomiting, diarrhea, hematemesis, melena, hematuria, dysuria, skin rash.

Has generalized body aches/pain. No cough, wheezing. No polydipsia, polyphagia, or polyuria. No olfactory, visual, or auditory complaints. There is history of mood disorders but no

previous commitment for psych illness or psych medications. There is history of anxiety, however. Patient takes Xanax for this.

ON EXAMINATION: Patient agitated and complaining of pain. Heart rate is 100, sinus rhythm/sinus tachycardia. Blood pressure was found to be 130/80, respirations 18, patient is afebrile. No pallor, cyanosis, or jaundice. No lymphadenopathy. Trachea is central. Thyroid not enlarged. Carotid upstrokes normal. No lymphadenopathy. No jugular venous distention. Pupils equal, reacting to light. Chest Exam: Bilaterally clear to auscultation. Cardiovascular Exam: Normal first and second heart tones. There is a soft ejection murmur in the aortic area. Abdomen is soft, scaphoid. Midline laparotomy scar. No organomegaly. Extremity Exam: Normal pulses, no edema. Neurologic exam is grossly normal. No motor or sensory deficits. Psych Exam: Patient is agitated and crying spontaneously.

LAB DATA was all reviewed. Patient has negative troponins times 3. Potassium 3.8, sodium 143. BUN 16, creatinine 0.7. Thallium noted.

IMPRESSION: Positive thallium study. I explained to the patient it is certainly possible she has underlying obstructive coronary artery disease, although this finding may be \_\_\_\_\_ as she did not have prone imaging. We will treat her with aspirin, beta blockers, and statins. At this time, her presentation is not consistent with acute coronary syndrome. I do not think invasive management is indicated while her mental issues have not been addressed. In the future, cardiac catheterization may be considered for ongoing symptoms despite medical management. Will obtain lipid. Pravastatin will be started. Aspirin and beta blockers have already been started.

I do thank you for letting me participate in her care. If you have any questions, please do not hesitate to contact us.

CC: Memphis Heart Clinic

AMIT MALHOTRA, M.D.

Authenticated by Amit Malhotra, M.D. On 09/20/2010 11:24:52 AM

B. .IST MEMORIAL HOSPITAL - DES  
7601 Southcrest Parkway, Southaven, MS 38671  
DEPARTMENT OF RADIOLOGY  
09/17/10 1514

COX, PATRICIA A  
Med Rec # D0000432526  
Account # D1025911000

ATT: GBEMUDU, EDWARD I

Ord: GBEMUDU, EDWARD I

DOB	Age	Sex	Room	Exam Date/Time
04/02/58	52Y	F	D6T-625-01	09/16/10 1925

CkIn# 2538030 91280 NM HRT IMAGE SPECT MULTI

Ord Diag: CHEST PAIN

Clinical Information  
Chest pain

Reference Not available

Radiopharmaceutical  
4.2 mCi thallium 201 chloride at rest  
31.5 mCi Tc99m Myoview  
0.4 mg Lexiscan

#### Procedure

The patient was given intravenous injection of thallium 201 chloride at rest and tomographic images were obtained. The patient then underwent a pharmacologic stress test receiving an intravenous infusion of Lexiscan. The heart rate increased from 88 to 114 beats per minute. Blood pressure changed from 130/79 to 141/87. The patient was given intravenous injection of Tc 99m Myoview and repeat images were obtained.

Findings There is a small mild reversible perfusion defect present in the inferior wall segment of the left ventricle.

Gated SPECT images demonstrate a post Lexiscan LVEF of 63 %. No regional wall motion abnormality seen. There is normal wall thickening.

#### Impression

The images in this case were personally reviewed by the Radiologist named above, and the report reflects his/her interpretation.

COX, PATRICIA A  
Med Rec # D0000432526  
Account # D1025911000  
Loc: D6T:625:01

CkIn# 2538030  
91280 NM HRT IMAGE SPECT MULTI

Type: OVD

Continued

RADIOLOGY REPORT - COMPLETED

B. LIST MEMORIAL HOSPITAL - DES. J  
7601 Southcrest Parkway, Southaven, MS 38671  
DEPARTMENT OF RADIOLOGY  
09/17/10 1514

COX, PATRICIA A  
Med Rec # D0000432526  
Account # D1025911000

ATT: GBEMUDU, EDWARD I  
Ord: GBEMUDU, EDWARD I

DOB	Age	Sex	Room	Exam Date/Time
04/02/58	52Y	F	D6T-625-01	09/16/10 1925

CkIn# 2538030 91280 NM HRT IMAGE SPECT MULTI

Checkin-Exam Code Summary  
2538030-91280

1. Small mild reversible perfusion defect present in the inferior wall of the left ventricle compatible with stress induced ischemia in the RCA/ PDA vascular territory
2. LVEF of 63 %.

These critical findings were discussed with Dr. Gbemudu at 1430 hours on 09/17/2010 by Dr. Barazi.

The images in this case were personally reviewed with the resident by the radiologist named below, and the report reflects his/her interpretation.

Transcriptionist- POWERSCRIBE  
Reading Radiologist- CRAIG LIPMAN, M.D.  
Releasing Radiologist- CRAIG LIPMAN, M.D.  
Released Date Time- 09/17/10 1514  
Reading Resident- HASSANA BARAZI, M.D.

The images in this case were personally reviewed by the Radiologist named above, and the report reflects his/her interpretation.

COX, PATRICIA A  
Med Rec # D0000432526  
Account # D1025911000  
Loc: D6T:625:01

CkIn# 2538030  
91280 NM HRT IMAGE SPECT MULTI Type: OVD

RADIOLOGY REPORT - COMPLETED

Page 2

BAFIST MEMORIAL HOSPITAL - DESOTO  
7601 Southcrest Parkway, Southaven, MS 38671  
DEPARTMENT OF RADIOLOGY  
09/16/10 1612

COX, PATRICIA A  
Med Rec # D0000432526  
Account # D1025911000

ATT: PHYSICIAN, ED  
Ord: THOMPSON, STANLEY C

DOB	Age	Sex	Room	Exam Date/Time
04/02/58	52Y	F	DE3-0015-01	09/16/10 1511

CkIn# 2537742 30062 XR CHEST 2 VWS

Ord Diag: chest pain

History  
Chest pain.

Findings  
Two-view exam shows the heart and pulmonary vessels are normal size.  
Granulomatous nodules are seen in the right lung but no acute chest  
disease identified.

Opinion  
Healed granulomatous infection.

Transcriptionist- POWERSCRIBE  
Reading Radiologist- JOE KRISLE, M.D.  
Releasing Radiologist- JOE KRISLE, M.D.  
Released Date Time- 09/16/10 1612

---

The images in this case were personally reviewed by the Radiologist named  
above, and the report reflects his/her interpretation.

COX, PATRICIA A  
Med Rec # D0000432526  
Account # D1025911000  
Loc: DE3:0015:01

CkIn# 2537742  
30062 XR CHEST 2 VWS  
Type: ERD  
RADIOLOGY REPORT - COMPLETED

08/20/2013 12:18PM 662-777-421

DMT DESOTO H2M

PAGE

12/27

cox, trisha  
52 years  
Female  
Caucasian

Heart rate 78 bpm  
PR interval 120 ms  
QRS duration 78 ms  
QT/QTc 372/424 ms  
P-R-T axes 65 32 62

11:

Normal sinus rhythm  
Normal ECG

16-Sep-2010 14:26:25

Technician: wendy  
Test ind: cp

Referred by:

Unconfirmed

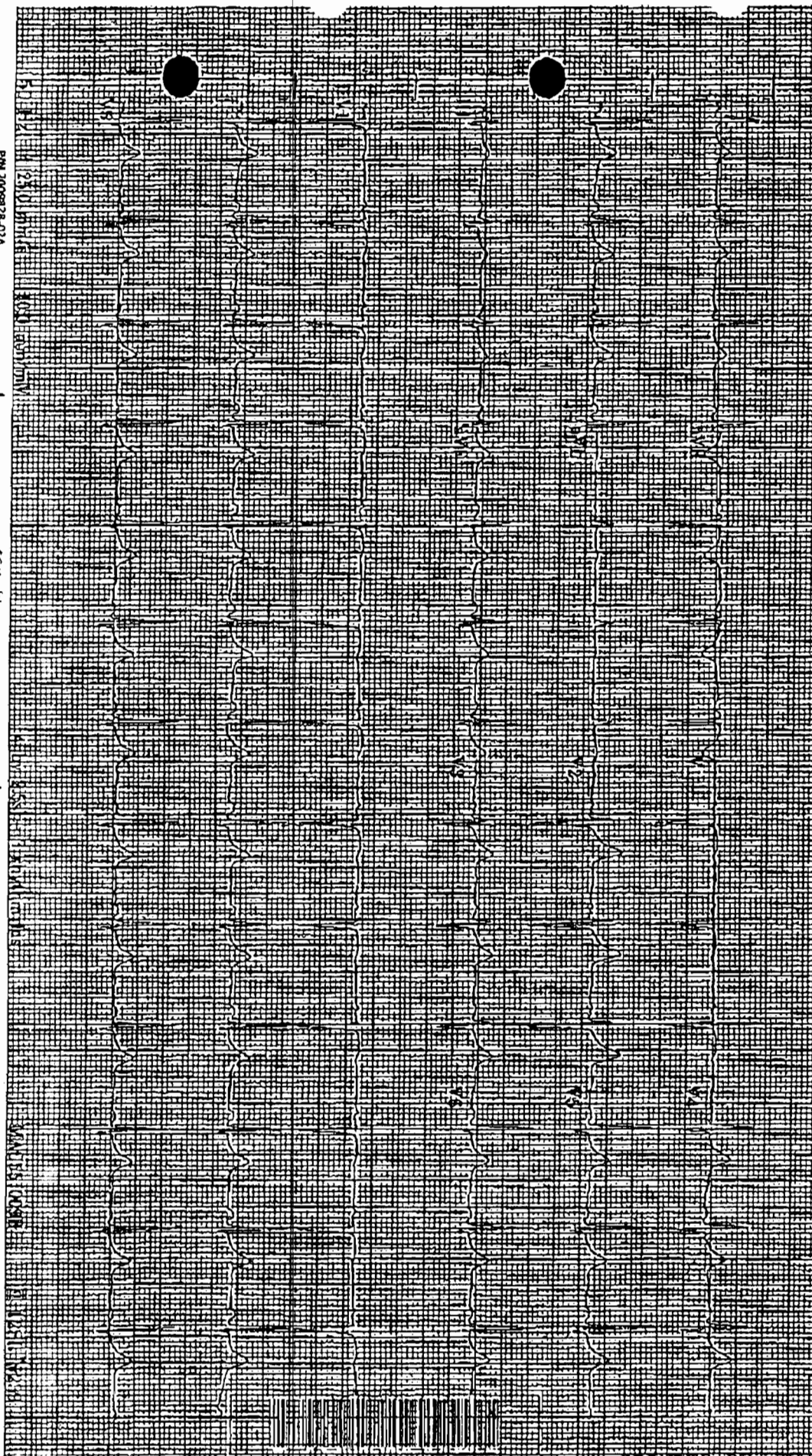
0015-01 ERD D1025911000  
COX, PATRICIA A  
04/02/58 52Y MR:0000432526  
ADM: PHYSICIAN, ED 09/16/10

12

PM 20090828-024

GE Healthcare

PRINTED IN U.S.A.



601 South West Parkway  
Spartanburg, MS 38659

## EXERCISE STRESS TEST REPORT

Patient Name: Cox, Patricia  
Patient ID: 1025941000  
Height: 62 in  
Weight: 135 lbs

DOB: 04/02/1958  
Age: 52 yrs  
Gender: Female  
Race: Caucasian

Study Date: 08/20/2013  
Test Type: EXERCISE TREADMILL STRESS TEST  
Protocol: EXERCISE

Ordering Physician: Gbemudu, Edwards  
Attending Physician: Missal, Mary Samuel  
Technician: Paisley, Donna

Medications:

Medical History:

Reason for Exercise Test:  
Chest Pain

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRE-TEST	STEP 1	00:52	0.00	0.00	88	130/79	
INFUSION	00:52	01:00	0.00	0.00	116		
POST-TEST	POST 1	01:50	0.00	0.00	73	130/79	
	POST 2	02:00	0.00	0.00	73	130/79	

The patient exercised according to the EXERCISE for 1:00 minutes, achieving a work level of Max. METS: 1.00. The resting heart rate of 88 bpm rose to a maximal heart rate of 117 bpm. This value represents 77 % of the maximal age predicted heart rate. The resting blood pressure of 130/79 mmHg, rose to a maximum blood pressure of 143/87 mmHg. The exercise test was stopped due to Test Completed.

### Interpretation

Summary: Resting ECG: normal sinus rhythm. Functional Capacity: could not be adequately assessed. HR Response to Exercise: appropriate. BP Response to exercise: normal resting BP: appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: Depression: none. Overall Impression: No stress induced ischemia.

### Conclusions

My view injected scan report to follow

Physician: [Signature]

Technician: [Signature]

Baptist Memorial Hospital - Desoto  
7601 Southcrest Parkway  
Southaven, MS 38671

Fri Sep 17, 2010 02:08  
Outpatient Summary Report

Pat Name: COX, PATRICIA A  
Unit #/Acct #: 0000432526/D1025911000  
Loc: D6T 625 01  
Phys-Service: GBEMUDU, EDWARD I - MEDICAL

Page: 1

\*\*\*\*\*  
In: 09/16/10 1534 ----- Spec: Blood  
Out: 09/16/10 1600 | COMPREHENSIVE METABOLIC PANEL | Techs: VWOL1548 TCHU4107  
Coll Time: 09/16/10 1530-----  
Order Phys: THOMPSON, STANLEY C [D1025911000/1836103]

Result Name	*STAT*STAT*STAT* Result	Reference Range
Glucose-D(mg/dl):	87	70-110
Sodium-D(mmol/L):	140	135-145
Potassium-D(mmol/L):	3.8	3.5-5.0
Chloride-D(mmol/L):	105	98-107
CO2-D(mmol/L):	26	21-32
Anion Gap-D:	9.0	5.0-15.0
BUN-D(mg/dl):	16	7-18
Creatinine-D(mg/dl):	0.7	0.6-1.3
Calcium-D(mg/dl):	9.4	8.5-10.1
Protein Total-D(gm/dl):	7.9	6.4-8.2
Albumin-D(gm/dl):	3.2 L	3.4-5.0
Alk Phos-D(U/L):	80	50-136
AST-D(U/L):	19	15-37
ALT-D(U/L):	35	30-65
Bilirubin Total-D(mg/dl):	0.3	0.2-1.0
GFR-D(ml/min/1.73m2):	93.4	>60

Interp GFR-D:  
The estimated GFR is based on the Modification of Diet in Renal Disease Study (MDRD) equation using average adult body surface area.(1.73m(2)  
This equation has not been validated for use with age groups below 18 or over 70, pregnant women, patients with serious comorbid conditions, or persons with extremes of body size, muscle mass or nutritional status.

Dr. Michael Fred Bugg  
Outpatient Summary Report

COX, PATRICIA A  
0000432526/D1025911000  
D6T 625 01  
(F-04/02/58)  
Dr. GBEMUDU, EDWARD I

Baptist Memorial Hospital - Desoto  
7601 Southcrest Parkway  
Southaven, MS 38671

Fri Sep 17, 2010 02:08  
Outpatient Summary Report

Pat Name: COX, PATRICIA A  
Unit #/Acct #: 0000432526/D1025911000  
Loc: D6T 625 01  
Phys-Service: GBEMUDU, EDWARD I - MEDICAL

Page: 2

\*\*\*\*\*  
In: 09/16/10 1534 Spec: Blood  
Out: 09/16/10 1600 | MAGNESIUM | Techs: VWOL1548 TCHU4107  
Coll Time: 09/16/10 1530  
Order Phys: THOMPSON, STANLEY C [D1025911000/1836103]

Result Name	*STAT*STAT*STAT* Result	Reference Range
Magnesium-D(mg/dl):	1.7 L	1.8-2.4

-----  
In: 09/16/10 1534 Spec: Blood  
Out: 09/16/10 1600 | MYOGLOBIN BLOOD | Techs: VWOL1548 TCHU4107  
Coll Time: 09/16/10 1530  
Order Phys: THOMPSON, STANLEY C [D1025911000/1836103]

Result Name	*STAT*STAT*STAT* Result	Reference Range
Myoglobin-D(ng/ml):	28	13-71

-----  
In: 09/16/10 1534 Spec: Blood  
Out: 09/16/10 1600 | TROPONIN I | Techs: VWOL1548 TCHU4107  
Coll Time: 09/16/10 1530  
Order Phys: THOMPSON, STANLEY C [D1025911000/1836103]

Result Name	*STAT*STAT*STAT* Result	Reference Range
Troponin I-D(ng/ml):	< 0.015	<0.1

Note Troponin-D:  
Any conditions resulting in myocardial cell damage can potentially increase cardiac Troponin I levels above the expected value. Clinical studies have documented these conditions to include unstable angina, congestive heart failure, myocarditis, and cardiac surgery or invasive testing. Serial measurements of Troponin I are recommended.

ASPIRIN ADMINISTRATION FOR AMI SHOULD BE CONSIDERED FOR ANY TROPONIN GREATER THAN OR EQUAL TO 0.1 IF CLINICALLY APPROPRIATE.

Dr. Michael Fred Bugg  
Outpatient Summary Report

COX, PATRICIA A  
0000432526/D1025911000  
D6T 625 01  
(F-04/02/58)  
Dr. GBEMUDU, EDWARD I

Baptist Memorial Hospital - Desoto  
 7601 Southcrest Parkway  
 Southaven, MS 38671

Fri Sep 17, 2010 02:08  
 Outpatient Summary Report

Pat Name: COX, PATRICIA A  
 Unit #/Acct #: 0000432526/D1025911000  
 Loc: D6T 625 01  
 Phys-Service: GBEMUDU, EDWARD I - MEDICAL

Page: 4

\*\*\*\*\*  
 In: 09/16/10 1535 Spec: Blood  
 Out: 09/16/10 1556 | PROTHROMBIN TIME | Techs: VWOL1548 THAM1848  
 Coll Time: 09/16/10 1530  
 Order Phys: THOMPSON, STANLEY C [D1025911000/1836104]

Result Name	*STAT*STAT*STAT* Result	Reference Range
PT Patient-D(Seconds):	13.2	11.5-15.2
INR-D:	0.98 L	1.0

-----  
 In: 09/16/10 1535 Spec: Blood  
 Out: 09/16/10 1556 | PTT | Techs: VWOL1548 THAM1848  
 Coll Time: 09/16/10 1530  
 Order Phys: THOMPSON, STANLEY C [D1025911000/1836104]

Result Name	*STAT*STAT*STAT* Result	Reference Range
PTT Patient-D(Seconds):	20.7 L	22.8-36.5

-----  
 In: 09/16/10 1535 Spec: Blood  
 Out: 09/16/10 1543 | CBC WITH DIFF | Techs: VWOL1548 THAM1848  
 Coll Time: 09/16/10 1530  
 Order Phys: THOMPSON, STANLEY C [D1025911000/1836104]

Result Name	*STAT*STAT*STAT* Result	Reference Range
WBC-D(1000/mm3):	8.08	3.45-11.81
RBC-D(mega/mm3):	4.31	3.60-5.10
Hemoglobin-D(gm/dl):	12.8	11.0-15.9
Hematocrit-D(%):	38.1	32.2-45.5
MCV-D(fl):	88.4	80.7-98.9
MCH-D(pg):	29.8	27.6-34.9
MCHC-D(%):	33.7	32.7-36.9
RDW-D(%):	13.7	10.7-16.0
Platelets-D(1000/mm3):	333	117-379
MPV-D(fl):	7.1	6.8-10.9
Neut Absolute-D(1000/mm3):	5.69	1.8-7.7
Lymph Absolute(1000/mm3):	1.84	1.0-4.5
Mono Absolute-D(1000/mm3):	0.32	0.2-0.9

(Continued on next page)

COX, PATRICIA A  
 0000432526/D1025911000  
 D6T 625 01  
 (F-04/02/58)  
 Dr. GBEMUDU, EDWARD I

Dr. Michael Fred Bugg  
 Outpatient Summary Report

## Baptist Memorial Hospital - Desoto

7601 Southcrest Parkway

Southaven, MS 38671

Tue Sep 21, 2010 02:18

Discharge Cumulative Trend Report from 09/16/10 1534 to 09/18/10 1034

Patient Name: COX, PATRICIA A LLD Chemistry-Page 1  
 Med Rec #: 0000432526 Adm: 09/17/10  
 Dis Date: 09/20/10  
 Phys-Service: GBEMUDU, EDWARD I - MEDICAL  
 Acct #: D1025911000

\*\*\*\*\*  
 In: 09/16/10 1534 Spec: Blood  
 Out: 09/16/10 1600 / MYOGLOBIN BLOOD | Techs: VWOL1548 TCHU4107  
 Coll Time: 09/16/10 1530  
 Order Phys: THOMPSON, STANLEY C [D1025911000/1836103]

Result Name	*STAT*STAT*STAT* Result	Reference Range
Myoglobin-D(ng/ml):	28	13-71

-----  
 In: 09/18/10 1034 Spec: Blood  
 Out: 09/18/10 1058 / LIPID PANEL | Techs: VBIN4955 TJAC8129  
 Coll Time: 09/18/10 0953  
 Order Phys: GBEMUDU, EDWARD I [D1025911000/1842381]

Result Name	*STAT*STAT*STAT* Result	Reference Range
Triglycerides-D(mg/dl):	51	
Cholesterol-D(mg/dl):	118	
HDL Cholesterol-D(mg/dl):	53	> or = 40
LDL Cholesterol-D(mg/dl):	54.8	
Coronary Risk Ratio-(Ratio):	2.2 L	4.44

Interp Lipid-D:  
 Reference Ranges

LDL	<100	Optimal
	130-159	Borderline
	>or=160	High

Triglycerides	<150	Normal
	150-199	Borderline
	>or=200	High

Cholesterol	<200	Desirable
	200-240	Borderline
	>240	High Risk

Calculated LDL is not valid when the triglyceride value is greater than 400 mg/dl.

(Continued on next page)

COX, PATRICIA A  
 0000432526

Dr. Michael Fred Bugg

\*\* DO NOT DISCARD \*\*

Discharge Cumulative Trend Report

(F-04/02/58)

Dr. GBEMUDU, EDWARD I

08/28/2013 12:10PM 562-772 21

BMH DESOTO HLM

PAGE 21/27

## Baptist Memorial Hospital - Desoto

7601 Southcrest Parkway

Southaven, MS 38671

Tue Sep 21, 2010 02:18

Discharge Cumulative Trend Report from 09/16/10 1534 to 09/18/10 1034

Patient Name: COX, PATRICIA A LLD Chemistry-Page 2  
 Med Rec #: 0000432526 Adm: 09/17/10  
 Dis Date: 09/20/10  
 Phys-Service: GBEMUDU, EDWARD I - MEDICAL  
 Acct #: D1025911000

\*\*\*\*\*  
 In: 09/18/10 1034 ----- Spec: Blood  
 Out: 09/18/10 1058 | LIPID PANEL | Techs: VBIN4955 TJAC8129  
 Coll Time: 09/18/10 0953 -----  
 Order Phys: GBEMUDU, EDWARD I [D1025911000/1842381]

\*STAT\*STAT\*STAT\*  
 Result Name Result Reference Range

(Continued from previous page)

-----  
 In: 09/18/10 1034 ----- Spec: Blood2  
 Out: 09/18/10 1120 | THYROID STIMULATING HORMONE | Techs: VBIN4955 TJAC8129  
 Coll Time: 09/18/10 0953 -----  
 Order Phys: GBEMUDU, EDWARD I [D1025911000/1842488]

Result Name Result Reference Range  
 TSH-D(uIU/ml): 1.07 0.36-3.74

COX, PATRICIA A  
 0000432526

(F-04/02/58)  
 Dr. GBEMUDU, EDWARD I

Dr. Michael Fred Bugg  
 \*\* DO NOT DISCARD \*\*  
 Discharge Cumulative Trend Report

- ☐ Attended college or community college (Total hours credit: \_\_\_\_\_).
- ☐ Specialty or technical school (Field of study: EA ).  
Specialty degree or technical skill or certification: \_\_\_\_\_
- ☐ College graduate College: \_\_\_\_\_ Year: \_\_\_\_\_
- ☐ College post-graduate education

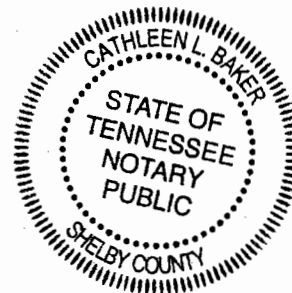
10. I request that the court grant me leave under Title VII of the Civil Rights Act of 1964 to file my lawsuit without payment of fees or costs or giving security therefor and that the court appoint a lawyer for me as is allowed by law.

Patricia A. Cox  
Signature

I declare or certify or verify or state under penalty of perjury that the foregoing is true and correct.

Date signed: 8-30-2013 Patricia A. Cox  
Signature

Cathleen L. Baker  
NOTARY



MY COMMISSION EXPIRES:  
June 28, 2017


- ☐ Attended college or community college (Total hours credit: \_\_\_\_\_).
- ☐ Specialty or technical school (Field of study: EA ).  
Specialty degree or technical skill or certification: \_\_\_\_\_
- ☐ College graduate College: \_\_\_\_\_ Year: \_\_\_\_\_
- ☐ College post-graduate education


10. I request that the court grant me leave under Title VII of the Civil Rights Act of 1964 to file my lawsuit without payment of fees or costs or giving security therefor and that the court appoint a lawyer for me as is allowed by law.

  
Signature

I declare or certify or verify or state under penalty of perjury that the foregoing is true and correct.

Date signed: 8-30-2013

  
Signature

  
NOTARY



MY COMMISSION EXPIRES:  
June 28, 2017